

**SUMMER FOOD SERVICE PROGRAM
 MONITOR SITE REVIEW FORM — SELF PREPARATION PROGRAM**

**INSTRUCTIONS: Complete this form for all sites at least once during the first four weeks of operation.
 A copy should be left with the site supervisor and one turned in to the sponsor.**

Sponsor: _____ Date of Review: _____

Site Name: _____ Telephone: _____

Site Address: _____

Monitor's Arrival Time: _____ Departure Time: _____

Site Supervisor: _____

Name and Title of Person Contacted at the Site: _____

Regular Site: _____ Camp Site: _____

Average daily participation (ADP) (if applicable): _____ Today's Attendance: _____

Age range of children in attendance: _____ *Number of hours children are on site: _____

Approved level(s) of meal service: B SN (a.m.) L SN (p.m.) S

Approved meal service time: _____

Attendance on day of visit _____ Number eligible for free and reduced-price meals _____
 (camps and enrolled programs only)

Type(s) of meal service reviewed: Breakfast Lunch Supper Snack

NUMBER MEALS SERVED

DAY OF VISIT:	Breakfast	AM Snack	Lunch	PM Snack	Supper
No. meals prepared					
No. meals/milk from previous day					
Time which meals were served					
No. first meals served to children					
No. meals served as seconds to children					
No. meals serve to program adults					
No. meals served to nonprogram adults					
No. meals left over					

MEAL ANALYSIS

Component	Food Used to Meet Requirements	Quantity Used	Allowable Servings Per Unit	Number of Servings		
				Total Available	Total Needed	Short/Over
Meat/Meat Alternate						
Fruit/Vegetable/ Juice (Two or more)						
Bread						
Milk						
Other Foods						

*If pre-school age (birth-5 years) children are on site more than 4 hours, the site must be licensed by the Department of Human Resources.

YES

NO

EXPLAIN ANY "NO" ANSWERS BELOW

- | | | |
|-------|-------|---|
| _____ | _____ | 1. Are meals served as a unit? (Note if OVS site) |
| _____ | _____ | 2. Do meals meet the menu as planned? |
| _____ | _____ | 3. Do meals meet meal pattern requirements? |
| _____ | _____ | 4. Are meals served during assigned meal times? |
| _____ | _____ | 5. Are all meals served and consumed on site?
(Note if fruits or vegetables are allowed by State Agency to be taken off site.) |
| _____ | _____ | 6. Are meals planned and prepared with one meal per child in mind? |
| _____ | _____ | 7. Are meals served as second meals excessive? |
| _____ | _____ | 8. Are accurate counts taken of meals served? |
| _____ | _____ | 9. Does site have a place to serve children in inclement weather? |
| _____ | _____ | 10. Is required health department certification available for inspection? |
| _____ | _____ | 11. Is an inventory record being kept? |
| _____ | _____ | 12. Are receiving reports and purchase invoices kept? |
| _____ | _____ | 13. Does staffing pattern correspond to that listed on approved site application sheet? |
| _____ | _____ | 14. Has site supervisor attended training session? |
| _____ | _____ | 15. Are records of adult meals being kept? |
| _____ | _____ | 16. Is there documentation of children's income eligibility, if applicable? |
| _____ | _____ | 17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place? |
| _____ | _____ | 18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability? |
| _____ | _____ | 19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability? |
| _____ | _____ | 20. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations? |

EXPLANATIONS:

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption. (Do not include fruits and vegetables if allowed by State Agency.)	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit. (For OVS sites, note if complete meal was not offered.)	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items).	EXPLANATION
7. No records _____	
8. Incomplete records _____	
9. Poor sanitation _____	
10. Other _____	

Corrective action discussed with (name and title): _____

Corrective action taken: _____

Site supervisor's comments: _____

Further action needed by (date): _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Monitor's Signature Date Site Supervisor's Signature Date

Sponsor Representative's Signature Date

BENEFICIARY DATA FORM

Sponsor _____ Site _____

Site Address _____

Site Supervisor _____

ETHNICITY

Number of
Participating Children

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) _____

Non Hispanic or Latino _____

RACE

American Indian or Alaskan Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.) _____

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand, and Vietnam.) _____

Black or African American (A person having origins in any of the black racial groups of Africa.) _____

Native Hawaiian of Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.) _____

White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.) _____

Monitor's Signature

Date